



# WRIT OF SUMMONS

Defendant: **HOME CENTRIS HOME HEALTH, LLC**  
 Serve On: CORPORATION TRUST INCORPORATED, THE  
 Address: 2405 YORK ROAD #201  
 LUTHERVILLE TIMONIUM, MD 21093

Date Filed : Nov 22, 2019  
 Issue Date : Nov 26, 2019  
 Case Number : 010100267712019  
 Complaint No. : 001

**Trial Date : Feb 24, 2020**  
**Trial Time : 08:30 am**  
**Trial Room :**

You are summoned to appear for trial at the date, time and location shown above. If you intend to be present at the trial, you must file the attached Notice of Intention to Defend within fifteen days of receiving this complaint. Failure to file the Notice of Intention to Defend may result in a judgment by default or the granting of the relief sought.

**MUST BE SERVED BY Dec 26, 2019**

**Mary J Abrams, Administrative Clerk / DE**

**NR**

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## NOTICE OF INTENTION TO DEFEND

Defendant: HOME CENTRIS HOME HEALTH, LLC  
 Trial Date: Feb 24, 2020

Case # 010100267712019  
 Complaint # 001

Notice: If you **contest the claim** or any part thereof, you must complete this Notice of Intention to Defend and file with the court listed at the top of this summons no later than 15 days after you receive this Summons and be present in court on the trial date. If you do not appear judgment by default or the relief sought may be granted.

A **corporation** may enter an appearance only by an attorney except that an officer of the corporation may appear on its behalf if the action is based on a claim that does not exceed \$5,000.00.

Any reasonable accommodation for persons with disabilities should be requested by contacting the court prior to trial.

Possession and use of cell phones and other electronic devices may be limited or prohibited in designated areas of the court facility.

## SEE ATTACHED NOTICE FOR IMPORTANT INFORMATION

I intend to be present at the trial of this claim and demand proof of the Plaintiff's claim.

Explanation of defense: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Date Signature Work Phone Home Phone

Address/City/State/Zip code

Fax number

e-Mail Address

☐ Check this box if this is a new address.



Case Num. 010100267712019